# FOR STATE HEALTH DEP TO DEPC. MEDICAL EXAMINER: This certificate shauld be anaculed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Itm it was director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		PLACE OF DEATH			nstitution: Residence before edmission)
	1	St. Marys MARYLAND	a. STATE	land b. coun	St. Marys
Л	1	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporete limits, write	
7	1	write RURAL and give neerest town) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X V-11	a T.a.a	
7	-	i. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ey Lee	•. IS RESIDENCE
					ON A FARM?
	29	Rural NAME OF First Middle	Rura		YES NO NO
		DECEASED	LBST	4. DATE Month	Dey Yeer
		(Type or print) Herman Jerome E	Barnes	DEATH Octobe	r 11. 1961
7	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH	9. AGE (In yeers   lest birthday)	IF UNDER 1 TEAR   IF UNDER 24 HRS.
A		male negro WIDOWED DIVORCED	11/11/191	1 49 yrs.	Months Days Hours Min.
4	10e	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	dor	de during most of working life, even if retired)	363		1104
	13	Labor General General	Marylar	NAME	USA
			14, MOTHER S MAJDER		
	45	Ernest Barnes (dec)		Edith Ande	rson (dec)
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 16. no. or unknown) ((Ifyasgivewarordatesofservica))	INFORMANT	Address	
		no 578 12 8799 N	Mary E. Bar	nes - Lexing	ton Park. Md.
		18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	V		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Alant		ONSET AND DEATH
		DOLY	7		4 700 700
		981X DUE TO			
		Conditions, If any, which geve rise to immediate cause			
		(a), steting the underlying DUE TO			
0		causa last. (c)	And the second of the second o		
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5				YES NO IZ
	CERTIFICATION	206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (	Enter neture of Injury In Pa	rt I or Pert II of item 18.)	
	CER	206. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING CAUSE OF DEATH.	DUTEINE	ARRIL	UENT
		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INITIRY (Home far	n, 20f. (City or town)	(County) (State)
	MEDICAL	Hour e.m. While Not While fact	lory, streat, office bldg., etc		110 411101- 14
	×.		HOME	10/10/1//	LLS 3/ MINKIS /14
		21. I certify that I took charge of the remains described above, he	ald an Autopsy	Inspection Inquir	and in my opinion
		death resulted from: Natural causes	ide, Homicide	Undetermined ma	anner
		11 0	CHIEF MEDICAL	EXAMINER [	
4		ACTUAL SULLAN SON	ASSISTANT MED	PICAL EXAMINER	DATE SIGNED
7	,	SIGNATURE	DEPUTY MEDICA		10/11/61
~	.	EXAMINER'S NAME (Type) Win. D. Boyd. MD	4 2	6360	14/11/01
	220	BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OF		22d, LOCATION (City, town,	or country) (State)
	7	REMOVAL (Specify)			
		Burial   10/16/61   Both Thursd	lay Cem.	Valley Le	
	23.	FUNERAL DIRECTOR ADDRESS	24e. REC	D'D BY REGISTRAR   246. REGI	STRAR'S SIGNATURE
5		P.B. Robinson - Leonardtown, Mc	1. OST 1	8 '61	8 Km

VS. A15ME 5M 7/59

AND MEDICAL PROPERTY OF THE STATE OF THE AND STATE OF THE all to Justice Blackbook The state of the s Christian II County of the Co (per ) /email / all ------ E1 Yary distance - he duffun Freit, Mar AND THE RESERVE SERVED IN THE PROPERTY OF THE The state of the s

FOR STATE HEALTH DEPT. TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, glesse execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 to the familial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	1850ME	DICAL	EXAMIN	ER'S	CERTIF	ICAT	E OF	DEATH		11	83:	)
1,	PLACE OF DEATH	Mary's	·	MARYI	AND	2. USUAL P	Maryl		coesed lived, If b. COUN	institution:			e dmission
	b. CITY OR TOWN (I	outside corporate tim	its,	c. LENGTH OF STA	Y IN 16	c. CITY OF	TOWN (If	outside corpo	orate limits, write				wn)
	Callaway	give neerest town,		6 hrs		Rura	al Gr	coat Mi	ills				
	d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hosp	oilel, give street addre	155)	d. STREET	ADDRESS					ON	A FARM?
3.	NAME OF DECEASED	First		Middle		Lest	1	4. DATE OF	Monti	1	Day	Yes	II.
	(Type or print)	Flores	nce	Mary		Chase		DEATH	Octobe	r	10	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRT	+	9.	AGE (In years				R 24 HRS.
F	male	Colored	WIDOWED	DIVORCED		May 10,	191	13	48 yrs.	Months	Deys	Hours	Min.
	. USUAL OCCUPATION during most of wor			ND OF BUSINESS OR	INDUST	RY 11, BIRTHPLA	CE (State o	r foreign cou	ntry)	12. CI	ITIZEN O	F WHAT	COUNTRY
	House we								Maryl	and	U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME					
		mes Green						( W	nalen				
	WAS DECEASED EVE			OCIAL SECURITY NO	). 17,	INFORMANT			Address				
	No		121	8-24-324		rs Louis	G B:	riscoe	Gree	it Mi	lls,	Mar:	rland
		EATH [Enter only one	cause per li	ne for (e), (b), end (c)	j	11 -						ERVAL BE	
		MAS CAUSED BY: MMEDIATE CAUSE (a)	0	rebra	1	Hemi	wtio	ge.				-410	mi
33/X DUE TO													
	Conditions, if any												
	gave rise to immedia (8), stating the un	> DUE TO											
	cause last.	J (c)								-			
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT N	OT RELATED TO T	HE TERMIN.	AL DISEASE C	CONDITION GIV	EN IN PAI	RT I(a) 1		AUTOPSY DRMED?
3				-				10,00	2-0		1	ES	NO A
CERTIFICATION	20e. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		DESCRI	BE HOW INJURY OCC	CURED.	(Enter neture of in	ury In Pert	l or Pert II of	item 18.)				
WEDICAL	20c. TIME OF INJUS	RY Month, Day, Ye				ACE OF INJURY (		20f. (City	or town)	(Co	unty)		(Stete)
MED	Hour a.m.	19	While el work	Not White	100	,	oragi, oraș						
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion												
	death resulted fr	rom: Natural ca	auses 📈,	Accident .	Suite	cide , Ho	micide [	, Und	determined m	anner [			
		1-1/	1	/) -		CHIEF	MEDICAL EX	CAMINER [					
(	ACTUAL SIGNATURE	WHITA	lines	<i>y</i> ,		M.D. ASSIST	ANT MEDIC	CAL EXAMINE	R 🔲		D	ATE SIG	NED
	EXAMINER'S					AS DEPUTY	MEDICAL	EXAMINER [			10	-11-	61
	NAME (Type)					Addres		ly, town, or c	ounty)				/
220	REMOVAL (Specify)	N. 22b. DATE THERE	OF	22c. NAME OF CEMI	TERY O	R CREMATORY	1	22d. LOCATI	ON (City, town	or countr	у)	(Sta	te)
	Burial	10/12/0	1	Holy Fac	e C			Great .			Md		
23	FUNERAL DIRECTOR			ADDRESS					AR 24b. REG				
W	. Clarke M	attinglev	Leonar	ratown, Ma	ryls	nd	DATEOCT	1 3 '61	an	hun S.	Trace		

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# FOR STATE HEALTH DEPT y is necessary, al director. Page Thealth, TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any by is necessary please execute the certificate, writing the word "pending" in pencil in liam 18. Give Pages 1, 2, and 3 to the full of director. Pages secure the certificate, writing the word "pending" in pencil in liam 18. Give Pages 1, 2, and 3 to the full director. Pages should be used eas a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in an event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11051 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

male white widowed Divorced October 8, 1885   40 birdaey) Months Days Hours Min, widowed with the work of dividence of working file, went if reflected to working file working to working file working f	11001				
St. Marys  St. Marys  Maryland  C. CITY OR TOWN (If outlide expenses limit,  WITE 11 Timbers  A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves) eddest)  Rural  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give silves)  NAME OF HOSPITAL OR INSTITU					Residence before edmission)
D. CITY OR JOWN (If cutiled copported limits, write RURAL and give neared town)  Tall Timbers  d. NAME OF HOSPITAL OR INSTITUTION (If not in hexpirel, give street eddress)  REPART OF BECERRED  Trip Middle  Last DEATH October 31, 19 61  SER DEATH OCTOBER RACE (7, MARRIED DIVORCED DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (INVESTIGATED INVESTIGATION)  SER DECLARD NEED TO COLUMN (INVESTIGATION OF WHAT COUNTRY)  TO COUNTRY (INVESTIGATION OF WHAT COUNTRY)  TO COU		VS MARYLAND	o, STATE Marvl	and b. COUNTY St.	Marvs
Tall Timbers  d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give sired eddress)  REPARTS  TALL Timbers  d. STREET ADDRESS  NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give sired eddress)  First  Modifie  Last  Modifie  Last  Month  Dey Yes  October 31	b. CITY OR TOWN (if outside corporete lim				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireal address)  REVER 1  REVEN 1  NAME OF RUPA   First   Middle   Law   DATE   DATE   DATE   DATE   NO   DATE   NO   DATE   DATE		_	1		
RUTAL  RU				Timpera	I & IS DESIDENCE
DATE OF DEATH (EAST OF STATE)  WILLIAM  SEX  SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   NEVER MARRIED   S. DATE OF BIRTH  WIDOMED   DIVORCED   October 8, 1885   October 18, 188	- The state of the	in the transfer of the state of	1 di		ON A FARM?
DECERSED (Type or print)  SEX  OCOURT DEATH October 31, 19 61  OCTOBER 31, 18 19 19 61  OCTOBER 31, 18 19 19 61  OCTOBER 31, 18 19 19 19 19 19 19 19 19 19 19 19 19 19					
SEX COLOR OR RACE 7, MARRIED NEVER MARRIED STATE OCTOBER 9. AGE (In years if Under 24 HIS. Male white) 100 MILES ARRIED NEVER MARRIED NEVER MA		Middle	Last 4.		Day Year
SEX OCIOR DE RACE 7, MARRIED NEVER MARRIED S. DATE OF BIRTH D. P. AGE (In year IF UNDER 1 YEAR IF UNDER 22 HIS. MID INTERVEM MARRIED NO. USUAL OCCUPATION (Give kind of work one during most of working life, even if refleed)  Plumber Plumbing District of Columbia USA  Months Prince County  It is birthely in the first of work one during most of working life, even if refleed  Plumbing District of Columbia USA  M. MOTHER'S MADEN NAME  Julia A. Shellhorn (dec.)  Julia A. Shellhorn (dec.)  Julia A. Shellhorn (dec.)  Julia A. Shellhorn (dec.)  M. MOTHER'S MADEN NAME  M. MOTHER'S MADEN NAME  M. MOTHER'S MADEN NAME  Julia A. Shellhorn (dec.)  Julia A. Shellho	(Type or print) WILLTAM	- COUF	<b>₹</b>	DESTH A	. 19 61
male white widoward Divorced Divorced Cotober 8, 1885 76 yrd. Months Days Hours Min.  **Bull Occupation (Give kind of work of working life, some if relied)**  **Plumber Plumbing District of Columbia USA**  **FATHER'S NAME  **Plumber Plumbing District of Columbia USA**  **MAS DECASED EVER N. U.S. ARABE PORCES?** 16. SOCIAL SECURITY NO. 17. INFORMANT Julia A. Shellhorn (dec s. mo, or unlawn) (Hysepivewardelesolservice)**  **PAST IL DEATH WAS CAUSED BY: DECASED EVER ONLY OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Site or foreign country)  **PART I. DEATH WAS CAUSED BY: DECASED EVER N. U.S. ARABE PORCES?**  **INFORMANT ONLY OF DEATH (Here only one scuipe par line for (s), (b), end (c). 1  **DUE TO COnditions, II eny, which was caused to be compared to the country of t				9. AGE (In years   IF UNDER 1	
DISTRIPTION OF WHAT COUNTRY OR			Ostobon O T	1	Deys Hours Min.
Plumber Plumbing District of Columbia USA  FATHER'S NAME  Phile Court (dec)  WAS DECEASED FUEL NULS, ARABD FORCEST 16, SOCIAL SECURITY NO. 17. INFORMANT 401 Gréchbrier Dr.  WAS DECEASED FUEL NULS, ARABD FORCEST 16, SOCIAL SECURITY NO. 17. INFORMANT 401 Gréchbrier Dr.  Yes 1915—1920 214 30 2397 Edward Court Silver Spring, Niterval Between Object Artificials (rich, [b]), and (g).  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF DEATH (enter only one cours per line for (b), [b]), end (g).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED.  YES DIE COURT OF THE WAS CAUSED BY.  DUE TO  Conditions, If any, which by the course per line for (c), [b], end (g).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED.  YES DIE CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF COURTER DIE CONTRIBUTING TO CONTRIBUT			Y 1 11. BIRTHPLACE (State or f	forming country) (12 CIT	IZEN OF WHAT COUNTRY
ATTIME OF INJURY Month, Day, Yeer Hours a.m.  202. TIME OF INJURY Month, Day, Yeer Hours a.m.  202. TIME OF INJURY Month, Day, Yeer Hours a.m.  202. TIME OF INJURY Month, Day, Yeer Hours a.m.  202. TIME OF INJURY Month, Day, Yeer Hours a.m.  203. TIME OF INJURY Month, Day, Yeer Hours a.m.  204. TIME OF INJURY Month, Day, Yeer Hours a.m.  205. TIME OF INJURY Month, Day, Yeer While Hours a.m.  206. TIME OF INJURY Month, Day, Yeer Hours a.m.  207. TIME OF INJURY Month, Day, Yeer Hours a.m.  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 169 119. WAS AUTOPSY PERFORMED?  YES NO DEATH  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 169 119. WAS AUTOPSY PERFORMED?  YES NO DEATH  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 169 119. WAS AUTOPSY PERFORMED?  YES NO DEATH  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 169 119. WAS AUTOPSY PERFORMED?  YES NO DEATH  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 169 119. WAS AUTOPSY PERFORMED?  YES NO DEATH		(b)			
Emil E. Court (dec)  WAS DECEASED EVER IN U.S. ARABO FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 401 Greenbrier Dr. Yes 1915-1920 214 30 2397 Edward Court Silver Spring, Md. PART I DEATH (Selfer only one ceuse per line for (e), (b), and (c).  PART I DEATH (Selfer only one ceuse per line for (e), (b), and (c).  PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO Conditions, Il any, which geve rise to immediate cause (e).  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e). 19. WAS AUTOPSY PERFORMED? YES DUE TO CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF COUNTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e). 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED?  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry And in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry And in my opinion death resulted from: Natural causes Accident Accident DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER RESISTANT MEDICAL EXAMINER RESISTANT MEDICAL EXAMINER REMAINER REMA		Plumbing	District	of Columbia	USA
. WAS DECRASED EVER IN U.S. ARMED FORCES? ID. S. SOCIAL SECURITY NO. 17. INFORMANT  401 Greening Dr.  18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c).  PART I. DEATH WAS CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c).  PART I. DEATH WAS CAUSE (e)  MAMEDIATE CAUSE (e)  DUE TO  Conditions, II eny, which gave rise to immediate cause (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (e) 19. WAS AUTOPSY PERFORMED?  YES DOB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION	J. PAINER'S NAME		14. MOTHER'S MAIDEN NA	WE	
. WAS DECASED EVER IN U.S. ARMED FORCES? ID. S. SOCIAL SECURITY NO. 17. INFORMANT  401 Greening Dr.  18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c).  PART I. DEATH WAS CAUSE OF DEATH (Enter only one cause par line for (e), (b), end (c).  PART I. DEATH WAS CAUSE (e)  MAMEDIATE CAUSE (e)  DUE TO  Conditions, II eny, which gave rise to immediate cause (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?  YES DOB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of liem 18.)  20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED along the work of etwork of etwo	Emil E. C	ourt (dec)		Julia A. Shellh	orn (dec
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).	<ol><li>WAS DECEASED EVER IN U.S. ARMED FOR</li></ol>	CES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT		
RECTURE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, II eny, which gove rise to immediate cause (e), setting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  YES NO PERFORMED.  YES			dward Caret		
PART II. DEATH WAS CAUSE BY:    MMEDIATE CAUSE (e)   DUE TO	1 18. CAUSE OF DEATH (Enter only one	couse par line for (e), (b), and (c).)	admend cont.r	STIAGE Spiritif	INTERVAL BETWEEN
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Hour e.m.  p.m.  19   While   Not While   fectory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner    ACTUAL SIGNATURE   DATE SIGNED    SIGNATURE   SIGNATURE   DATE SIGNED    EXAMINER'S   Wm. D. Boyd,   MD   Leonars   Leonard   Leo				001 101	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  11/61  BURIAL, CREMATION, 22b. DATE THEREOF  BURIAL, CREMATION, 22b. DATE THEREOF  P. B. Pobinson Loopend to your  Address  Deputy Medical Examiner  22d. Location (cliv, town, or country)  (Stete)  Burial Director  Deputy Medical Examiner  11/6/61  Arlington National  Arlington National  P. B. Pobinson  Loopend to your  Address  24e. REC'D BY REGISTRAR  24b. REGISTRAR  24b. REGISTRAR  24c. REC'D BY REGISTRAR  24d. REC'D BY REGISTRAR  DEPUTY MEDICAL EXAMINER  11/1/61				20f. (City or lown) (Cou	nly) (Slete)
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NAME (Type) Wm. D. Boyd, MD Leonar down journal of Cemetery Or Crematory (Stete)  Burial, Cremation, 22b. Date Thereof Removal (Specify) Burial 11/6/61 Arlington National Arlington Va.  Address Address 24e. Rec'd By Registrar 24b. Registrar's Signature D. B. Bobinson - Leonard County Md		Vyongo	M.D.		DATE SIGNED
NAME (Type) WM. D. BOYO, WED LEONATS (TOWN) Sow (Mocounty) LIVIOL  6. BURIAL, CRÉMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, lown, or country) (Stote)  REMOVAL (Specify) Purial 11/6/61 Arlington National Arlington Va.  3. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  D. B. Pohingon - Loonandtown Md	EXAMINER'S	2 100	DEPUTY MEDICAL EX	AMINER -	33/2/03
REMOVAL (Specify)  Burial 11/6/61 Arlington National Arlington, Va.  3. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE  P. B. Pobinson - Loopendtown Md	NAME (Type) WIL. D. D				
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STON STREET, BALTIMORE 1, MARYLAND OF DEATH 11852funeral pinous PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission) a. COUNTY e. STATE **b.** COUNTY Maryland St. Mary's the day St. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 in by write RURAL and give nearest town Lexington Park Leonardtown Rural Pages led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES T NO St. Mary s Hospital Rt 1. Box NAME OF Middle complete DECEASED (Typa or print) DEATH 19 Boy Holford October 61 carbon wilh SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Days Male Colored WIDOWED DIVORCED October 12 physician IDa. USUAL OCCUPATION (Give kind of work гетоме 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired Maryland

14. MOTHER'S MAIDEN NAME U.S.A. 13 FATHER'S NAME please Raymond L. Holford Mary Evelyn Whalen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) | (Ifyas give wer or dates of service Mother 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which has been geve rise to immediate ceusa DUE TO (e), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO certificate PERFORMED? SE 0 NO F esn prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) Po this detached After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Yaar Whila factory, street, office bldg., atc.) Not While Hour a.m. at work el work Should ., and that death occured at saw the deceased alive on from the causes and on the date stated above 22b. DATE 22a. SIGNATURE ATTENDING SUGNED DIRECTOR 3 PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME ATYPE Great Mills. Maryland ./Jarboe M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) 23e. BURIAL, CREMATION. 23b. DATE THEREOF Holy Face Cemetery 1961 Great Mills. Md. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Leonardtown, Maryland W.Clarke Mattingley DATECT 1 9 '61 arling & throng

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY St. Marv's MARYLAND Maryland St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town Great Mills Rural weeks EXXX Rural Ridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Dev Yeer DECEASED (Type or print) David DEATH Glan Keister October 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months | Days Hours WIDOWED DIVORCED Male physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please C attending and Ronnie C. Keister Joan P. Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) | (If yes pive wer or detes of service) the Mother attending physician.

has been signed by the burial-transit permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), stelling the underlying has hospital or a certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 0 NO . prior 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor Pert li of Pert li o for te After this detached Not While fectory, street, office bldg., etc.) While 40 el work el work home - in/bed Great Mills St. Marys Md 4 may be retained.

L DIRECTOR: /
e 3 should be det
the Staim Dept. o KK 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. 22b. DATE 22ª SIGNATURE ATTENDING STAFF SIGNED ro FUNERAL I director, page 3 be filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Great Mills. Maryland James/P. Jarboe M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) 23e. BURIAL, CREMATION, 236. DATE THEREOF St. James Cemetery St. Mary s City. Maryland 20.1961 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 W. Clarke Mattingley Leonardtown, Maryland Circling S. Tiraces 2,078191XV3

MARYLAND STATE DEPARTMENT OF HEALTH

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255. REGISTRAR'S SIGNATURE

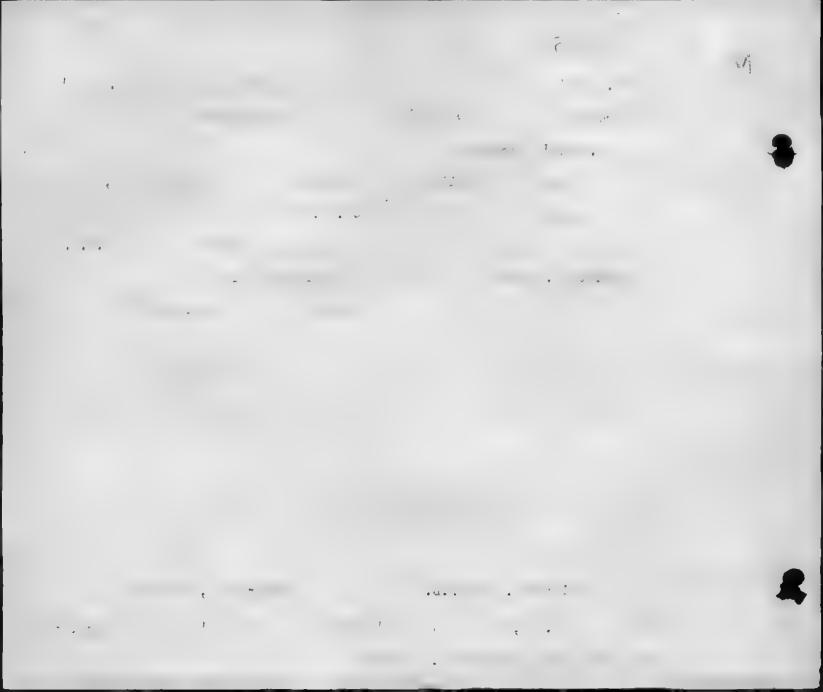
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MARYLAND STATE DEPARTMENT OF HEALTH



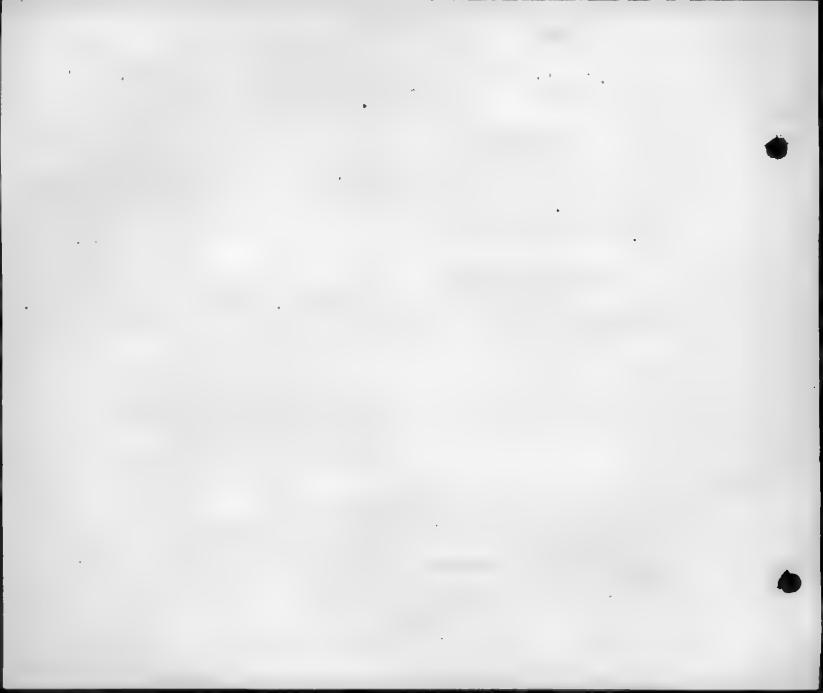
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Page 4		director,	e de la companya de l	1
TO HOSPIT BR ATTENDING INVSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled 💘 the funeral director, a	page 3 shauld be detached far use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed and	
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thin 24		ly filled	ages 1	death.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11939

ľ	1. PLACE OF DEATH					2. USUAL RESIDENCE	(Whe	ere deceased		n Residence	befare ac	Imission)
ł	o. COUNTY St.	Mary's		MARYL	NND	o. STATE Mary	·la	nd	b COUNTY	St.	Mary	tg
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		c LENGTH OF STAY IN	۷ 1ь	c. CITY OR TOWN	{If ou	stride corpore	ote limits, write R	JRAL and give	e nearest	tawn)		
1	Patuxent River 2Hrs			2Hrs 30Mir	1	· X Lexi	ine	ton P	ark			
ľ	d. NAME OF HOSPITAL	L (If not in haspital, g	ive street o	oddress)		d STREET ADDRES	5				e. IS	RESIDENCE
L		tation Ho	spita	al		Box	#4	132			YE	NO D
İ	3. NAME OF DECEASED	Fire	st	Middle		Lost		4. DATE	Mon	th	Day	Yeor
ı	(Type or print)	Grace		Kathyrr	1	SEVERNS		OF DEATH	Octo	ber	6	1961
ľ	5 SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED		DATE OF BIRTH		9	9 AGE (In years last birthday)			INDER 24 HRS
L	Female	Cauc.	WIDOWE	DIVORCED	'nΊ	October 6,	, 1	.961	yrs.	Manths De	ays Ho	2 Min.
	10a USUAL OCCUPATION during mast of working	(Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (S	tote a	r fareign cou	untry)	12 CITIZE	N OF WH	AT COUNTRY
I	NONe	N = 1 / 1		Qree		Mary	lan	ıd		U.	S.A.	
1	13 FATHER'S NAME					14 MOTHER'S MAIDE	EN N	AME				
ł	Joseph (	Christoph	er SE	EVERNS		Grace	e K	athyr	n MILLS			
1	15. WAS DECEASED EVER	IN J. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT			Addr	ess Box	#43	52
L	No			None	NO	K Joseph (	J	Sever	ns Lex	ington	Par	k, Md.
ľ	18. CAUSE OF DEATI	H [Enter only one co	use per lin	ne far (a), (b), and (c) }							INTERVA	L BETWEEN
ı	PART I. DEATH	H WAS CAUSED BY:	3	PREMATU	RIT	Y #7750						ND DEATH
ı	776	DUE TO										
ı	Canditions, if any	r, which ) (b	)									
ı	gove rise to im- cause (o), stating th	mediale (	•									
ı	lying couse last,	(c	)									
ı	PART II OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TE	ERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. W	AS AUTOPSY
ı	CAT											NO [
ı	200. ACCIDENT WAS OR CONTRIBUTING D	UNDERLYING DEATH	20b DESC	CRIBE HOW INJURY OC	URRED	. (Enter nature of injury	in P	ort 1 or Port	II of item 1B)			
١	O THE EITHER, NOTIFY M	REDICAL EXAMINER										
ı	20c. TIME OF INJURY	Manth, Day, Ye	20d, IN While	NJURY OCCURRED 2 Not white	Oe. PLA fac	CE OF INJURY (Hame, tary, street, affice bldg.,	form,	20f. (City	or town)	(Cou	nty)	(Stote)
ı	Hour o.m.	19	at work	k ot wark								
ı	21. I certify that	(1) (this haspital	) attend	ed the deceased f	ram	10-6	196	1ta	10-6-	19.61	, that (	(I) (XXX) last
ı	saw the decease					eath accurred of	30	M, from t	the causes an	d an the c	late sto	ited abave.
ı	22a SIGNATURES	Do	4	1		ATTENDING	MEI	0	CTAFE			22b.DATE SIGNED
ı		40	11	ors_	1	A.D. PHYS	DIR	ECTOR 🛄	STAFF PHYS 🔀		0-6-	61
ı	22c PHYSIGHERS NAME (Type)	1 A				22d ADDRESS			on Hosp		USNA	ıs,
Ļ	E. P.	IRONS, C	APT M	IC USN		Patuxe	ent	Rive	r. Mary	land		
	230 BURIAL, CREMATION	23b DATE THEREC	61	23c. NAME OF CEMET	P 2	CREMATORY		23d LOCATI	ION (City, lawn, o	r county)		(State)
1	24, FUNERAL DIRECTOR'S	/	- '		-	, ,	ptcip	BY REGISTR	PAR 26 PECTO	TRAR'S SIGN	ATUPE	1 . 22
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	DIVISION OF STATISTICAL I	RESEARCH AND RECORDS.	301 W. PRESTON ST	REET, BALTIMORE	1, MARYLAND
	11858	CERTIFICATE	OF DEATH	,	11030
-		Item 11 Film G29			
	PLACE OF DEATH a. COUNTY				ution: Residence before edmission)
	St. Marv's	MARYLAND	a. STATE Ohio	b. COUNTY	Miami
	b. CITY OR TOWN (if oulside corporele I mits,	, c. LENGTH OF STAY IN 16		ide corporete limits, wrife EU	
	write RURAL and give nearest town)	0 3	7.		1.1 × - ×:
-	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	O Cays	d. STREET ADDRESS	qua	e, IS RESIDENCE
	at them at the publish of the publish (II II	or it the spring, give street ecoless,	d. MALLI ADDRE 13		ON A FARM?
	St. Mary's		1232 S. Roo	sevelt	YES NO NO
3.	NAME OF First DECEASED	Middle	Lest 4.	DATE Month	Day Year
	(Type or print)	Mabel		DEATH Octobe	r 11. 19.61
5.	SEX 6. COLOR OR RACE 7.		DATE OF BIRTH	19. AGE (In years   IF .	·
98		NI DOLLER TO THE REAL PROPERTY OF THE PERTY	1 00 1005	2.0	onths Days Hours Min.
	. JSUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY			12 CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)	TOUR MILE OF BOOKIESS OR HIS SORK	II, BIRTHEACT (County of	inate, of foldight country;	
	House wife	Home		nio	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Eliphalet Pe	anrod	Ella Unko	iown	
	WAS DECEASED EVER IN U.S. ARMED FORCE	S? , 16. SOCIAL SECURITY NO., 17, IN	VFORMANT	Address	
("	es, no, or unkown) i (ifyesgivawarordetesofserv		ert N. Shaw 14	5 Rolling Rose	d Fown Greek
	18. CAUSE OF DEATH  Enter only one ca		Lex .	) ************************************	1 INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	0-1-6-1		7	ONSET AND DEATH
	HAMEDIATE CAUSE (e)	Jeneralzed	Carcenon	acons	/=hios
	JJ7A DUE TO		, +		
1	Conditions, if eny, which \( (b)	Clarcenona	of whole	9	10 mos.
1	(a), stering the underlying DUE TO		0		
	couse last.				
NO	PART I. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	
15					PERFORMED?
F.	208. ACCIDENT WAS UNDERLYING []   2	Ob. DESCRIBE HOW INJURY OCCURED.	(Enter enture of injury in Part I	or Part II of Item 18.1	113 11 110 111
E	OR CONTRIBUTING [] CAUSE OF DEATH	OB. DESCRIBE HOW INDOK! OCCORED.	frames defente of infinity in soil (	or refr fr of hem ro.	
OC.	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
L CERTI					a. 5490
4	20c. TIME OF INJURY Month, Day, Year	f. i.	E OF INJURY (Home, farm, 2)	Of (City or town)	(County) (State)
4	Hour a.m.		E OF INJURY (Home, farm, 2) ry, street, office bldg., etc.)	Of (City or town)	(County) (State)
MEDICAL CER	Hour a.m. 19	While Not While factor et work et work	ry, street, office bldg., etc.)		*
4	Hour a.m. 19 21. I certify that (I) (this hospital)	While Not While et work the term of the deceased from	10-3-6.1, 19	10 10-11-6	2/19, that (I) (we) fast
4	Hour a.m. p.m. 19  21. I certify that (I) (this hospital saw the deceased alive on/a	While Not While et work the term of the deceased from	10-3-6.1, 19	10 10-11-6	(/19), that (I) (we) last on the date stated above.
4	Hour a.m. 19 21. I certify that (I) (this hospital)	While Not While et work the term of the deceased from	10-3-6.1, 19	to 10-11-	2/19, that (I) (we) fast

23c. NAME OF CEMETERY OR CREMATORY

TO HOS

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages:

be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with a 72 ho 15M 9/60

oletely filled in by the funeral, agers. Pages 1 and 2 should 72 hours after death.

hin 24 hours after

ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE J.C.Cron & Son Pique, Ohio

Oct. 14,1961

Burial (Specify) Oct. 14 10

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
250. REC'D BY REGISTRAR 256. REGISTRAR 26. REGI Ohio

23d. LOCATION (City, town or county)

DATE OCT 1 3 '61

5.

÷ ... . . τ 01. e . . . R,

the funeral shauld be fi

within 24

that the death certificate

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

## CERTIFICATE OF DEATH

_		3.
ì.	PLACE OF DEATH o. COUNTY	

St. Marvs MARYLAND

o STATE Marvland

2, USUAL RESIDENCE (Where deceased lived If institution Residence before admission) **b.** COUNTY Charles

b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hughesville

Rural

 ${ t Leonard town}$ d NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION

d. STREET ADDRESS

IS RESIDENCE ON A FARM? YES NO TO

St. Marys Hospital NAME OF First DECEASED (Type or print) PETER

Middle PIERRE 7. MARRIED NEVER MARRIED

SMITTH B. DATE OF BIRTH

Lost

4. DATE Month DEATH October

Yeor 1961

S. SEX 6 COLOR OR RACE male

WIDOWED |

19/1886

AGE (In years lost birthday) 74 yrs IF UNDER 1 YEAR IF UNDER 24 HRS Dovs Hours 12 CITIZEN OF WHAT COUNTRY?

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Chauffer

General

DIVORCED [7]

Maryland

USA

13 FATHER'S NAME

no

Peter P. Smith

14. MOTHER'S MAIDEN NAME

Annie K. Biscoe

Months

IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address

7 Catherine B. Smith - Hughesville, Md.

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). DEATH WAS CAUSED BY
IMMEDIATE CAUSE (0) **DUE TO** (b)

ONSET AND DEATH

Conditions, if any, which gove rise to immediate couse (a), slating the underlying couse lost.

**DUE TO** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)

20c TIME OF INJURY Month, Doy. Hour o. m.

230. BURIAL, CREMATION, 236 DATE THEREOF

p. m.

20d. INJURY OCCURRED While Not while at work of work

20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)

(County) (Slote)

WAS AUTOPSY

PERFORMED? YES NO NO

21 I certify that (I) (this haspital) attended the deceased fram... saw the deceased alive an

MEDICAL

19 sy, that (1) (we) last and that death accurred at 8P.M. from the causes and an the date stated above.

220 SIGNATURE 0

ATTENDING M D 22d ADDRESS

MED DIRECTOR

STAFF PHYS

10/16/61 NED

(Stote)

22b DATE

22c. PHYSICIAN'S NAME (Type)

D. L. Massman.

23c NAME OF CEMETERY OR CREMATORY Trinity Cemetery 23d LOCATION (City, town, or county) St. Marys City.

Mechanicsville, Maryland

Burial 24. FUNERAL DIRECTOR'S SIGNATURE

P.B. Robinson - Leonardtown, Md.

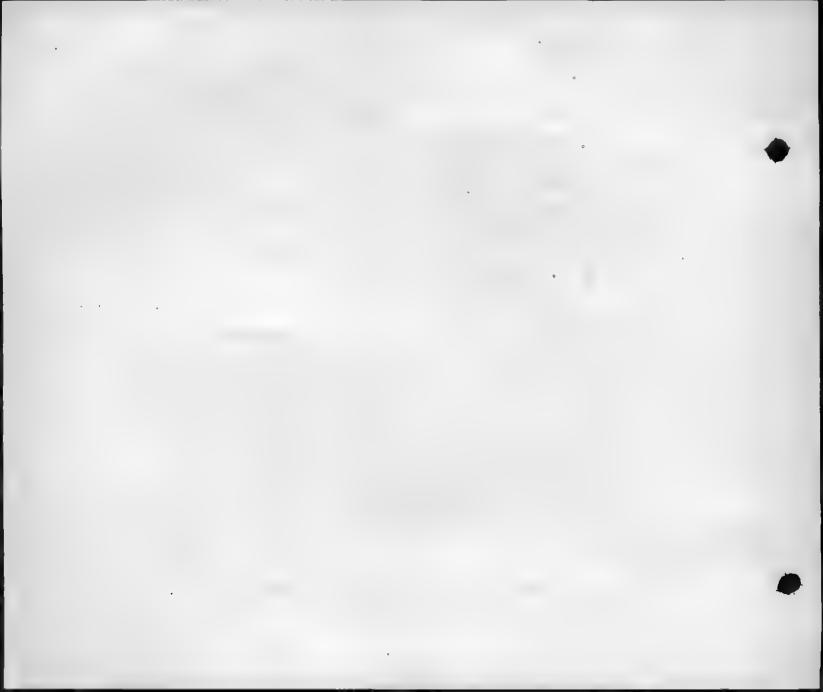
250 REC D BY REG STRAR OCT 2 3 '61 DATE

arthur S. Kraus

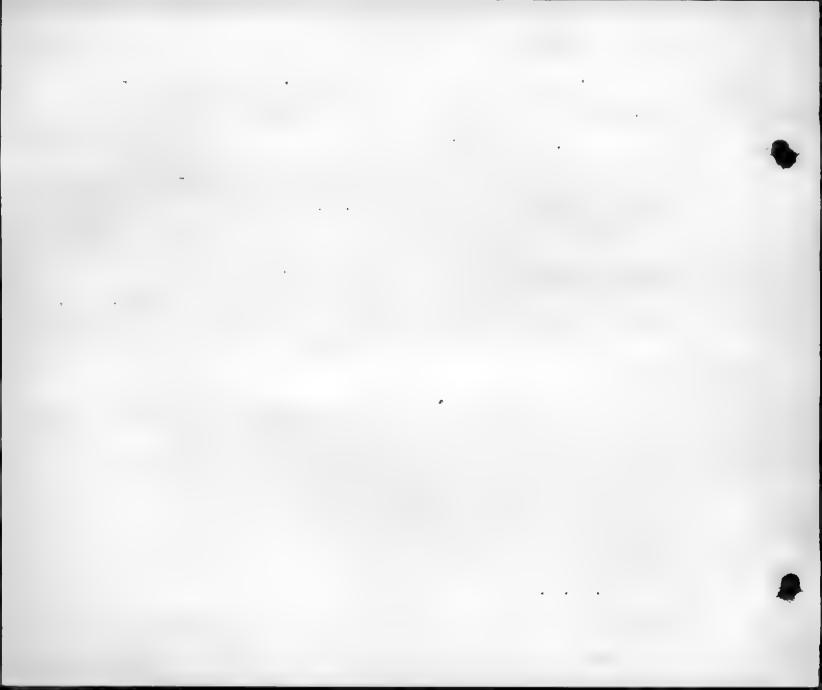
256 REGISTRAR'S SIGNATURE

ages death papers Ť and 2 202 ⊆ physica remave event wa attending 9509 ony ā the þ permit. gned 13 burial-transit 6 has been emation. certificate Se prior After detached Health DIRECTOR: þ FUNERAL DIR 0

VR A15 (4) 15M 9/59



.1	MARYLAND STATE DEPART	MENT OF HEALTH-B	ALTIMORE, 18	
4 52	11860 CERTIFIC	CATE OF DEATH	Reg. Dis	- N4.3081
Poge	1. PLACE OF DEATH O. COUNTY  St. Mary s MARYLAND	O STATE	ceosed lived. If institution Residence b COUNTY	mary s
The state of the s	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Lonardtown	Hollywood	corporate limits, write RURAL and gi	
	d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION St. Mary's Hospital	STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOT
Pled It. s 1 ond	3 NAME OF First Middle DECEASED (Type or print)	Lost 4. DA	F	Day Year
within 2	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years IF UNDER lost birthdoy) Months	); 196:1 YEAR IF UNDER 24 HRS Doys Hours Min.
executed and comple in papers.	Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10-29-61 DUSTRY 11. BIRTHPLACE (State or fore		EN OF WHAT COUNTRY
e be ext	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Md	usq
physicio amave o hours o	Raymond: Joseph Thomas  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. [Yes, no, or unknown] [11 yes, give wor or dates of service]	Mary Cecelia	Spears Address	
deoth cer tending please re please re vithin 72	18 CAUSE OF DEATH [Enter only one couse per line for [a], (b), and (c).]	Mother	Hollywoo	Md. Md.
the offer plans of the man the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	· lent		So Che La
requires that ian. In signed by I nsit permit. I and in any ev	Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (b)  DUE TO	67		
The law in ag physicia as that been ourial-transfermaval, ar	PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL DI	SEASE COND TION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
tending ficate t the bu	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I o	ir Port II of item 3B )	
PHYSIC al or at this cert r use as emation		PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	. (City ar town) (Co	aunty) (Stote
After	21. I certify that I attended the deceased from $10-2$	7 , 19.67, to 10 - 20 th occurred atM, fr		
DR ATTER ned by the MECTOR: d be deto prior to bu	ACTUAL SIGNATURE 120013730.0		(SS (Streel, city or town, state)	DATE SIGNE
RRAL Should	PHYSICIAN'S Dr. Wm. D. Boyd. Leonardte			
may be ris o FUNERAL page 3 show the registrar	220. BUR AL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY	y sein X	conord bun	(Stote)
VS A15 (4) 15M 9/58	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS	240. REC'D BY RI DATE HOV 9	egistrar 246 registrar's sig '61 chulun S.	
	2078.011 x 2.			



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Mrs Lone Vigle Bollywood, Maryland

Dhristopher Curtim

TO H OL VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11862 CERTIFICATE OF DEATH

	2002				1 X40
. PLACE OF DEATH			2. USUAL RESID	ENCE (Where deceased lived, If In	nstitution: Residence before edmissio
e, COUNTY	Mary's	15 b 11 20 c a 2 1 1	e. STATE Mer	yland b. COUNT	St. Mary's
	outside corporete limits,	c. LENGTH OF STAY IN 16		N (If outside corporete limits, write	
Write KUKAL end g	live neerest town]		434	- Conside Corporera Hillis, write	KOKAL end give hemen lowin
Leonardtown		7 days	X Rural	Leonardtown	
d. NAME OF HOSPITA	L OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRE	ESS	e. IS RESIDENCE ON A FARM
	St. Mary's He	spital	1		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	01	arence Yo	rkshire	95.00 to 10000	ober 16. 1961
. SEX			DATE OF BIRTH		IF UNDER TYEAR   IF UNDER 24 HR
Male			arch 15,18	[lest birthdey] 70 yrs.	Months Deys Hours Min.
De. USUAL OCCUPATIO		b. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTR
done during most of work	ing life, even if retired)				
Laborer		day work		s County, Md.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAID	DEN NAME	
Charl	es Yorkshire		Jose	phine Herbert	
5. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	es give wer or detes of service)	Jos	anh H Yan	Jeshina Washania	owille Manuland
18 CAUSE OF DE	ATH [Enter only one couse ;		ohu u. 101	kshire Mechanic	I INTERVAL BETWEEN
	WAS CAUSED BY:		D		ONSET AND DEATH
MI MI	AMEDIATE CAUSE (e)	Cirdiac fait	une		2 whs.
422.1	DUE TO	a + Va	1 0		
Conditions, if eny,	which ) (b)	(trungs ctero	Tie Qualità	vasular difect	re iours.
geve rise to Immediat	e ceuse	213 = 1100 € = 30			
(e), stating the und	derlying				
21221	(c)	CONTRIBUTING TO BE A THE BUT NO	* NO. 4 WED TO THE TOTAL	DATE OF CONDITION COVE	NI DART OF THE WAS ALTONS
PART II. OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TEN	KMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPS PERFORMED?
5					YES NO
20e. ACCIDENT WAS		DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury	in Part I or Pert II of item 18.)	
OR CONTRIBUTING [					
20c. TIME OF INJURY	Month, Dev. Yeer   2	Od, INJURY OCCURRED   20s. PLA	CE OF INJURY (Home,	ferm, 20f. (City or lown)	(County) (State)
20c. TIME OF INJURY Hour e.m.	Y	Vhile Not While feels	ory, street, office bldg.,		,
p.m.	19 et	work el work	1		
21. I certify tha	at (I) (this hospital) at	tended the deceased from	My	1961, 10 WCT	, 19.61, that (I) (we) la
saw the decease	11 111 4				and on the date stated above
22e. SIGNATURE	1 . 0	linia.			22b. DATE
	12214114	dill	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	I. SIGN
22c. PHYSICIAN'S	Justine C	M.	22d. ADDRESS	DIRECTOR LI PITS.	10/18/0
NAME (Type)	Taganh F G	11 M.D.	224. 7007633	Lanuardtain	Vanueland
1				Leonardtown,	
30. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
drial (Specify)	10.18.61	St. Aloysius		Leonardtown,	Md.
4 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25e.	REC'D BY REGISTRAR   25b. REG	ISTRAR'S SIGNATURE
		nardtown Marylar		AT 4 0 Ind	2 8 Km
MANAGEMENT TO THE	COTHETA NEGL	INTU COWN . MATVIST	TATE DATE	The I was a second	A TIANSA

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Justine intiqueol.

Joseph S. Lorichite Securities in description

Joseph J. Dill 1.D.

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